

Child' Name: _____		Date: _____		
Parent Rater: _____				
<b>ADS - Parent Version</b>				
Part A				
Below is a list of sentences that describe how people feel. Please read each and decide how much or how often it has been true for your child over the past 3 months.		<b>Not true; hardly ever true</b>	<b>Somewhat true; sometimes true</b>	<b>Very true; often true</b>
1	He/she gets really frightened for no reason at all.	0	1	2
2	He/she is afraid to be alone in the house.	0	1	2
3	People tell me that my child worries too much.	0	1	2
4	He/she is scared to go to school.	0	1	2
5	He/she is shy.	0	1	2
		Total Part A: _____		
Part B				
Please circle "No" or "Yes" to answer the following questions:				
1	Does your child have any habits or things that they need to do over and over again?	No		Yes
2	Does your child need to check things, count things, repeat things, order things, arrange things, or save things?	No		Yes
3	Does your child have worried thoughts that keep coming up in his/her mind, or does your child feel like he/she need to get things "just right" or perfect?	No		Yes
		Total Part B: _____		